

**TIPPECANOE COUNTY HEALTH DEPARTMENT**

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20 North Third Street

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**Tippecanoe County Food Service Establishment Application**

Tippecanoe County Ordinance 2006-30 CM defines a food service establishment as any place where food is prepared and intended for individual portion serviced, including the site at which individual portions are provided.

**Failure to Complete this Application in its' ENTIRETY will Delay your Permit and Result in Possible Closure.**

Establishment's Name \_\_\_\_\_

Owner's Name \_\_\_\_\_

*Must be different than the Establishment Address*

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

**Contact Person's Name** \_\_\_\_\_

**Contact Person's Name** \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

PLEASE CIRCLE WHERE THE RENEWAL APPLICATION IS TO BE MAILED: ESTABLISHMENT OWNER OTHER

Please list address if OTHER is circled: \_\_\_\_\_

PLEASE CIRCLE WHERE THE PERMIT IS TO BE MAILED: ESTABLISHMENT OWNER OTHER

Please list address if OTHER is circled: \_\_\_\_\_

**APPLICATION FEE** Applies only to new establishments, establishments undergoing remodeling, or when a change of ownership has occurred.

<input type="checkbox"/> New/Remodeled Establishment	1 – 5 Employees: \$75.00	10 – 40 Employees: \$175.00
<input type="checkbox"/> Change of Ownership	6 – 9 Employees: \$100.00	41 + Employees: \$225.00

**ANNUAL FEE SCHEDULE** Each establishment, new or existing, must pay an annual fee.

1 – 5 Employees: \$125.00	6 - 9 Employees: \$175.00	Non-Profit: No Fee
10 – 40 Employees: \$275.00	41 + Employees: \$375.00	Late Fee: 125 % of Renewal Fee

\*\* 2 part-time employees = 1 full-time employee

(A late fee is assessed if the permit is renewed after the last day of the renewal month)

Application Fee: \$ \_\_\_\_\_

If applicable

Late Fee: \$ \_\_\_\_\_

If applicable

**Annual Fee:** \$ \_\_\_\_\_

**TOTAL AMOUNT DUE:** \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_